### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

OAIIII AIGI	THANGE REFORM	OOVER ONCE TO T
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST MI	OFFICE USE ONLY
NAME	TULIAN  NICKNAME  LAST  CASTRO	Date Received
	CASTRO	
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY, STATE; ZIP CODE	
Change of Address	715 E. SUNSHINE SAN ANTONIO, TX 78228	Date Hand-delivered or Date Postmarked
<sup>5</sup> CAMPAIGN TREASURER NAME	TITLE FIRST MI JOAQVIN	Receipt # Antount
	NICKNAME LAST SUFFIX	Date Processed
	CASTRO	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #. CITY. STATE.  143 GLOBE SAN ANTONIO TX 782	ZIP CODE
7 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(210) 4365284	
8 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH FR)
9 PERIOD COVERED	Month Day Year Month Day THROUGH	ly Year
10 ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year	
	5/05/01 Primary Runoff	General Special
11 OFFICE	OFFICE HELD (if any)  12 OFFICE SOUGHT (if her  CITY COUNCIL DISTRICT 7	iown)
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the c Candidates are required to disclose this information only if they receive notification of the	
EXPENDITURE BY OTHER INDIVIDUALS	Name	
	Address / PO Box Apt / Suite # City State, Zip Code	
additional pages		
	GO TO PAGE 2	70 SR ST

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH

			COVER SHEET PG 2
14 C/OH NAME	JULIÁI	V CASTRO	15 ACCOUNT #(Ethics Commission Rers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no	otice of political expenditures by political committees to support the candid le without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures. ••	late / officeholder. These expenditures les and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	- 3 <u>- 3</u>
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		- Control Home	<b>5 5 5 5 5 6 5 6 6 5 6 6 6 6 6 6 6 6 6 6</b>
		COMMITTEE CAMPAIGN TREASURER ADDRESS	—————————————————————————————————————
17 NO REPORTABLE ACTIVITY		o reportable activity occurred during this reporting period. (Sign affidavit below	22
18 CONTRIBUTION			v and submit pages 1 and 2 only )
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ 0
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1250.00
EXPENDITURE TOTALS	3 TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1438.40
OUTSTANDING LOAN TOTALS	5. TOTAL PI	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	
19 AFFIDAVIT			
17 CA	AY PUOL	I swear, or affirm, under penalty of perjustrue and correct and includes all informe under Title 15, Election Code.	ury, that the accompanying report mation required to be reported by
SA SA	FOFTEKES PPIRES 04-2005	Signature of Candidate	a or Officeholder
AFFIX NOTARY STAMP		T / · / · /	
of Alluny 20	d before me, by the $\varrho_{2}$ , to certify	e said Julian Custro , to which, witness my hand and seal of office.	his the 15th day
Mululu S. L. Signature of officer admi	(un)	Melinda S. longet. M.	banr
Printed on recycled pages	rystering oath	Printed name of officer administering oath Title of	officer administering oath

### **POLITICAL CONTRIBUTIONS**

SCHEDULE A1

San Antonio Realtors PAC contribution (\$) des  8/10/0/ 6 Contribution Corporate  9/10/0/ 6 Contribution Corporate  9/10/0/ 1H-/0 W.  San Antonio, TX 78230  9 Principal occupation (Optional)  Date Full name of contributor Out-of-state PAC (ID# 14.00) Amount of	In-kind contribution scription (if applicable)
JULIAN CASTRO  4 Date 5 Full name of contributor   Dout-of-state PAC (ID#: ) 7 Amount of contribution (\$)   8 des    8/10/01 6 Contribution address; Or para te; State; Zip Code   750.00    9 Principal occupation (Optional)   10 Employer (Optional)	In-kind contribution scription (if applicable)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#: San Antonio Realters PAC) 7 Amount of Contribution (\$) 8 des  8/10/0/ 6 Contributor address; City: State; Zip Code 9 Principal occupation (Optional) 10 Employer (Optional)	scription (if applicable)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#: San Antonio Realters PAC) 7 Amount of Contribution (\$) 8 des  8/10/0/ 6 Contributor address; City: State; Zip Code 9 Principal occupation (Optional) 10 Employer (Optional)	scription (if applicable)
9 Principal occupation (Optional)  10 Employer (Optional)	
9 Principal occupation (Optional)  10 Employer (Optional)	
9 Principal occupation (Optional) 10 Employer (Optional)	
Date Full name of contributor Out-of-state PAC (ID#. ) Amount of contribution (\$\frac{1}{2}\) des	
Consulting Engineers Council of	In-kind contribution scription (if applicable)
8/20/01 Contributor address; The City; State; Zip Code 400 W. 15TH ST., SUITE 820 500.00	
AUSTIN, TX 78701	
Principal occupation (Optional) Employer (Optional)	
	In-kind contribution scription (if applicable)
Contributor address, City; State; Zip Code	
Principal occupation (Optional) Employer (Optional)	
Date: 1 Children Contributor Library 46 (10)	In-kind contribution escription (if applicable)
Contributor address, City, State, Zip Code	
Principal occupation (Optional) Employer (Optional)	cn
	In-kind consibution escription (I applicable)
Contributor addrags City State: 7'm Code	0WIO
Principal occupation (Optional) Employer (Optional)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting re	eguirements.

exas Ethics Commission P.O. Box 12070 Austin, Texas 78711-20	)70 (512	)463-5800 1-800-325-8
PLEDGED CONTRIBUTIONS		SCHEDULE B1 DH, SC-CIOH, SC-SPAC, & SPAC)
The Instruction Guide explains how to complete this form.	1 Total pages th	nis Schedule B1;
FILERNAME	3 ACCOUNT#	(Ethics Commission filers)
TOTAL OF LIMITER WITH		(CURCS COMMISSION Ners)
TOTAL OF UNITEMIZED PLEDGES:	<b>\$ \$</b> /	\$
Date  6 Full name of pleasor  Web Hed Technologies, Inc.  7 Pleasor address; City: State; Zip Code  1617 E. Commerce St.  Principal occupation optional)  Principal occupation optional	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	aı)	
Pledgor address: City; State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)  Employer (optional)  Date  Full name of pledgor  Tout of state Pair (ID)	ıl)	
Pull name of pledgor out of state PAC (IDs)  Pledgor address; City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional) Employer (optional	) .	
Date Sull and Artist Sull and		
Pledgor address, City: State Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
nncipal occupation (optional) Employer (optional)		
Date  Full name of pledgor out-of-state PAC (ID# )  Pledgor address, City: State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
	! !	i
incipal occupation (optional) Employer (optional)		

Amount AFL-CIO Counci (\$) Purpose of payment (See instructions regarding

· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name

Purpose of payment (See instructions regarding required.)

· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name

Date

(\$) 150.00

Amount

io AFL-CIO Council
City. State. Zip Code

f. Mary S

Purpose of payment (See instructions regarding type of information

· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought

Office held

Office held

Office held

Amount

Date

Professional Journalists
State: Zip Code
2171

Purpose of payment (See instructions regarding type of information required.)

· Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Etnics Commis	sion P.O. Box 12070 Austin, Texa	as 78711-2070	(512) 463-5800	1-800-325-8506
LOANS			GE SAN ANTONIO Gibi Gleakk	
The Instruction Gui	DE explains how to complete this form.	101	Total pages Schedule E. 22	2
2 FILER NAME		3	ACCOUNT # (Ethics Commissi	on filers)
4 ТОТА	L OF UNITEMIZED LOANS: ⇔	<b>\$</b> \$ \$ \$	⇒ \$	
5 Date of loan	7 Name of lender .	out-of-state PAC (ID#:	, 9 Loan A	Amount (\$)
6 Is lender a financial Institution?	8 Lender address, City; State; Zi	p Code	10 Interes	strate
Y N			11 Maturi	y date
12 Description of Collate	ral			
none				
13 GUARANTOR INFORMATION	14 Name of guarantor		16 Amour	et Guaranteed (\$)
not applicable	15 Guarantor address, City, State, Zi			
17 Principal Occupation		8 Employer		
Date of loan	Name of lender	out-of-state PAC (ID#:	, Loan A	mount (\$)
Is lender a financial Institution?	Lender address. City. State. Zip	o Code	Interes	t rate
Y N			Maturit	y date
Description of Collate	ral /			
none				
GUARANTOR INFORMATION	Name of guarantor		Amoun	t Guaranteed (\$)
not applicable	Guarantor addre <del>ss</del> . City. State: Zig	o Code		
Principal Occupation	,	Employer		
lf lender i	ATTACH ADDITIONAL COPI s out-of-state PAC, please see instru			nents.

POLITICAL EXPENDITURES	MEGAL) Only of sign	VED SCHEDULE F LANTONIO LERK
The Instruction Guide explains how to complete this form.	2002 JMI 15	Total page Schedule F:
2 FILERNAME JULIAN CASTRO		3 ACCOUNT # (Ethics Commission filers)
8/28/01 6 Payee address: City: State; Zip Code (6/7 E Commerce San Antonio, TX	-	7 Amount (\$) \$80.91
8 Purpose of payment (See instructions regarding type of information required.)  Web Site hosting	9 •• Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/OH ·· ame Office sought Office held
8/14/01 Payee address, City. State: Zip Code P. O. BOX 830768 San Antonio, TX	dation 78283	Amount (\$) # 250.00
Purpose of payment (See instructions regarding type of information required.)  Advertising/sponsorship	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ••  ime Office sought Office held
8/27/01 Payee address: City. State, Zip Code P.O. Box 830768 San Antonio TX	,	Amount (\$)  # 2 40.00
advertising/sponsorship		ct expenditure to benefit C/OH •• ne Office sought Office held
Payee name  Mac Council # 2  Payee address. City. State; Zip Code  11514 Jones Mad  San Andrews	ts berser	Amount (\$)  \$75.00
Purpose of payment (See instructions regarding type of information required.)  ATTACH ADDITIONAL COPIES	Candidate / Officeholder nam	Office neid
	OF THIS FURM AS NEE	:DED

Texas Etnics Commis	ssion P.O. Box 12070 Au	ustin, Texas 78711-2070	(512) 4	63-5800 1-800-325-850 <del>6</del>
LOANS			RECEIVA CITY OF SAN A	ED SCHEDULE E ANTONIO ERK
The Instruction Gui	DE explains how to complete this fo	orm.	1 Total pages Sch	i: 22
2 FILER NAME			3 ACCOUNT # (Et	hics Commission filers)
4 ТОТА	L OF UNITEMIZED LOANS	S:	\$ \$	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address, City; S			10 Interest rate
Y N	/			11 Maturity date
12 Description of Collate	eral			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address, City: S	Stale. Zıp Code		
17 Principal Occupation		18 Employer		
Date of loan	Name ot/lender	out⊹of-state PAC (ID#:	1	Loan Amount (\$)
ls lender a financial Institution?	Leyder address, City, S	State. Zip Code		Interest rate
Y N				Maturity date
Description of Collate	yaı			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address. City. S	State. Zip Code		
Principal Occupation		Employer		
lf lender	AFTACH ADDITION is out-of-state PAC, please s	NAL COPIES OF THIS FORM ee instruction guide for ad		requirements.

POLITICALE	XPENDITURES		201157
		La year 150	SCHEDULE F
			AN ANTONIO
Тhe Instruction Guide ехр	lains how to complete this form.	A. 1 2	1 Total pages Schedule F:
2 FILER NAME		Logic side	3 ACCOUNT# (Ethics Commission filers)
4 Date 5 Payee	LIAN CASTRO		Tenno contribution incia)
·   J / bycc	amo City Chambe address; City: State; Zip Cod	er of Comme	7 Amount (\$)
Sa	n Antonio IX	78265	\$ 150.00
required.)	structions regarding type of information	9 •• Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/OH ·· arne Office sought Office held
sponsorsh	up		
12/11/01 Payee a 45	pward Mansola address. City State: Dzip Code 8 Sharon Drive	<i>l</i>	Amount (\$)  # 6.99
	<b>—</b> / \	X 78216	
	structions regarding type of information		ect expenditure to benefit C/OH ··
	reimbursement	Candidate / Officeholder na	office sought Office held
Payee and Payee	S. Frio	Chamber of Co	Amount (\$)
San	Antonio, TX 7	8207	700.00
Purpose of payment (See instrequired.)	tructions regarding type of information		ct expenditure to benefit C/OH ·· ne Office sought Office held
spon sorshi	ρ		
Payee na Payee ad Payee ad	me Venida Guadaly Idress. City. State: Zip Code 7 Guadalupe.	per Associac	Amount (\$)  # 25.00
Purpose of payment (See Instite required.)	ructions regarding type of information	" Complete if direc Candidate / Officeholder nam	it expenditure to benefit C/OH ••  The Office sought Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEE	EDED

Texas Ethics Commis	sion P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 463-	5800 1-800-325-8506
LOANS		on : 1	OLU ANTONIO	SCHEDULE E
The Instruction Guil	DE explains how to complete this form.	2072	1 Total pages Scheduk	e E:
2 FILER NAME			3 ACCOUNT # (Ethics	Commission filers)
4 TOTA	L OF UNITEMIZED LOANS:	D D D	D D \$	3
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	) 9	Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10	O Interest rate
ΥN			1	1 Maturity date
12 Description of Collate	eral		1	
none		/		
13 GUARANTOR INFORMATION	14 Name of guarantor	<del>,</del>	10	6 Amount Guaranteed (\$)
not applicable	15 Guarantor address, City, State,	Zip Code		
17 Principal Occupation		18 Employer	1	
Date of loan	Name of lender	out-of-state PAC (ID#.	1	Loan Amount (\$)
ls lender a financial Institution?	Lender address, City, State.	Zıp Code		Interest rate
Y N				Maturity date
Description of Collate	rat			
none				
GUARANTOR INFORMATION	Name of guarantor	Management of the second of th		Amount Guaranteed (\$)
not applicable	Guarantor address. City. State;	Zip Code		
Principal Occupation		Employer	<b>I</b>	
lf lender	ATTACH ADDITIONAL Co			equirements.

POLITI	CAL EXPENDITURES	ON VIEW EN	SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.	2003 JUN 15 Palitonal Bages	s Schedule F:
2 FILERNAMI	JULIÁN CASTRO	3 ACCOUNT	# (Ethics Commission filers)
8 Purpose of pay required.)	6 Payee address; City: State: Zip Code 723 Donaldson San Antonio, 7	C Booster Club  78201  9 •• Complete if direct expenditure Candidate / Officeholder name	7 Amount (\$)  # 200.00  to benefit C/OH ·· Office sought Office held
Date	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ** Office sought Office held
Date	Payee name Payee address; City, State; Zip Code		Amount (\$)
Purpose of payer required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office held
Date	Payee name  Payee address; City; State; Zip Code		Amount (\$)
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure t Candidate / Officeholder name	o benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

Texas Ethics Commi	ssion P.O. Box 12070 Austin,	Texas 78711-2070	/ (512)4	63-5800 1-800-325-8500
LOANS				SCHEDULE E
		0177 (27)	ANTONIO	
The Instruction Gui	DE explains how to complete this form.	7007 : : : : /	1 Total pages Sch	
2 FILER NAME			3 ACCOUNT # (Et	
4 TOTA	L OF UNITEMIZED LOANS:	\$ \$ \$\display \display \dinploy \display \display \display \display \display \display \display \display \display \displo	<b>\$</b>	\$
5 Date of loan	7 Name of lender	out-of-state PAO (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Description of Collate	eral .			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	□ out-of-state PAC (ID#:	<u> </u>	Loan Amount (\$)
is lender a financial Institution?	Lender address: City: State;	Zip Code	• • • • • • • • •	Interest rate
Y N	/			Maturity date
Description of Collate	ral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address. City, State;	Zip Code		
Principal Occupation	1	Employer		
	/			
lf lender	ATTACH ADDITIONAL ( is out-of-state PAC, please see in	COPIES OF THIS FORM A struction guide for addi		requirements.